

HOUSING DEPARTMENT DUBLIN CITY COUNCIL RECEIPT FOR TRANSFER APPLICATION

CIVIC OFFICES Tel: 222 2201

FISHAMBLE STREET

Dublin 8.

Please fill name and address below.

DUBLIN CITY COUNCIL has received an application for Transfer from

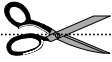
DATE RECEIVED

[Empty box for Date Received]

NAME _____

ADDRESS _____

IMPORTANT NOTE : this is not a guarantee that this application will be placed on the Transfer list. Only applications qualifying under the Council's Scheme of Letting Priorities may be placed on the Transfer List.



HOUSING DEPARTMENT

DUBLIN CITY COUNCIL

TRANSFER APPLICATION

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ Mobile No: _____

NO. of BEDROOMS? _____ WHICH FLOOR DWELLING IS ON? _____

SINK Y/N ___ COLD WATER?Y/N___ INDOOR W/C Y/N ___ BATH /SHOWER? Y/N ___

Is this a FLAT/APARTMENT/MAISONETTE/HOUSE circle which applies

IS THIS A BEDSIT ? Yes/ No _____ HAS DWELLING BEEN EXTENDED? Yes/No _____

AREAS OF PREFERENCE

TYPE OF ACCOMM PREFERRED

house or flat

- 1. _____
- 2. _____
- 3. _____

- _____
- _____
- _____

DO YOU REQUIRE GROUND FLOOR ACCOMMODATION ? Yes/ No _____

ARE YOU INTERESTED IN VOLUNTARY HOUSING ? Yes / No _____

REASON FOR SEEKING TRANSFER _____

YOUR PREVIOUS ADDRESS : _____

DID YOU HAVE ANY PREVIOUS COUNCIL TENANCIES ? Yes/No _____

_____ FROM _____ TO _____

_____ FROM _____ TO _____

DID YOU EVER OWN PROPERTY? Yes/ No _____

DETAILS _____

FOR OFFICE USE ONLY

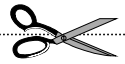
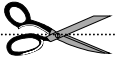
DATE OF APPLICATION _____

REF NO :

APT/MAIS/HOUSE/OLDER PERSONS AREA _____

NO. ROOMS _____ NO BEDROOMS _____ FLOOR _____

EFFECTIVE TENANCY DATE _____ SUCCESSION DATE(SON/DGT) _____



1. **APPLICATIONS CANNOT BE PROCESSED WITHOUT PPS NUMBERS FOR ALL PERSONS INCLUDED**
2. **ALL FAMILY MEMBERS MUST BE ON RENTS FOR ASSESSMENT PURPOSES**
3. **YOU SHOULD NOTIFY BOTH THIS OFFICE AND RENT ASSESSMENT OF ANY CHANGES IN FAMILY CIRCUMSTANCES**

NAME	PPSNUMBER	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	OCCUPATION
1 APPLICANT				
2				
3				
4				
5				
6				
7				
8				
9				
10				

In the interest of Good Estate Management, the City Council proposes to engage where appropriate, in advance consultation with Representative Tenant Groups regarding prospective allocations. For the purpose of this consultation, the City Council reserves the right to release whatever information it considers appropriate on transfer applicants to representative tenant Groups.

Your agreement is therefore requested to the release of relevant information to your transfer application to Representative Tenant Groups if the Council considers it appropriate.

I hereby authorise Dublin City Council to release whatever information it considers appropriate relating to my transfer application to representative Tenant Groups in the interest of Good estate management.

Signed :

Date :

DECLARATION : I hereby apply for a Transfer and declare that all particulars stated are correct :

Signed _____ Date: _____